

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tarara et al. Application No: 10/750,934 Confirmation No: 1899 Filed: December 31, 2003 Title: PHARMACEUTICAL FORMULATION WITH AN INSOLUBLE ACTIVE AGENT	Group No: 1618 Examiner: Schlientz, Leah H Attorney Docket No: 53279-US-CNT (NK.101.00) September 24, 2009 San Francisco, California 94107
--	--

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Via EFS <input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">Extension of Time</th> </tr> <tr> <td colspan="3"><input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136</td> </tr> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 0.00</td> </tr> <tr> <td colspan="3"> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. </td> </tr> </table>	Extension of Time			<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 0.00			<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
Extension of Time																												
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																												
Extension (Months)	Extension Fee																											
	Large Entity	Small Entity																										
<input type="checkbox"/> One Month	\$130.00	\$65.00																										
<input type="checkbox"/> Two Months	\$490.00	\$245.00																										
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																										
Total \$ 0.00																												
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.																												

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	29	102	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	7	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$0.00</td> </tr> <tr> <td>Notice of Appeal</td> <td style="text-align: right;">\$540.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$540.00</td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ 540.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>September 24, 2009</u> Melanie Hitchcock	Extension Fees	\$0.00	Notice of Appeal	\$540.00	Total	\$540.00	Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> . Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080 Respectfully Submitted, <div style="text-align: center;"> By: <u>Guy V. Tucker</u> Date: <u>September 24, 2009</u> Guy V. Tucker Registration No. 45,302 </div>
Extension Fees	\$0.00						
Notice of Appeal	\$540.00						
Total	\$540.00						